



ADEQUACY REQUEST FORM

Lending Institutions and Realtors

Per WAC 246-290-990, the undersigned requests a Water System Compliance Report (SWCR) on the following public water system:

County _____ State Identification Number _____

Name of Water System _____

New Construction	Yes___	No___
Existing	Yes___	No___

Name and Address of Requester: _____

Phone Number (____) _____ Fax Number (____) _____

Purchaser: _____

Comments: _____

I understand that there is a \$112 fee for preparing a WSCR for lending institutions, per WAC 246-290 (1) (i).

Payment enclosed _____ Bill us _____

Print Name _____ Date _____

Signature _____

Title _____

Return this form to:

☐ NWRO Drinking Water
Department of Health
20435 72nd Ave. S, Ste 200
Kent, WA 98032-2358
(253) 395-6760

☐ SWRO Drinking Water
Department of Health
PO Box 47823
Olympia, WA 98504-7823
(360) 664-0768

☐ ERO Drinking Water
Department of Health
1500 W. Fourth Ave, Ste 305
Spokane, WA 99204
(509) 456-2997

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TTY 1-800-833-6388).